Richmond Hill Diagnostic Center
X-RAY, ULTRASOUND & CARDIOVASCULAR CENTER

Book Online Appointment

10243 Yonge Street, 2nd Floor, Richmond Hill, ON L4C 3B2 (3 Blocks North of Major Mackenzie Drive)
Tel: 905 884 0904 | Fax: 905 884 3094 | Email: rhsdus@gmail.com | Web: www.richmondhilldiagnosticcenter.com

OFFICE HOURS:
Mon - Friday 8:30am - 5:00pm
Saturday 9:00am - 4:00pm

FREE PARKING

Patient Last Name:	First Name:	Phone #:	Sex M ☐ F ☐
Address:		Appointment Date:	Time:
OHIP Card #:	VC:	Date of Birth:	

X-RAY *Walk-Ins*

ABDOMEN
- ☐ Single View (KUB)
- ☐ Acute (2 views)
- ☐ Abdomen (2) + Chest (3)

HEAD & NECK
- ☐ Skull
- ☐ Sella Turica
- ☐ Mandible
- ☐ Sinuses (Not covered by OHIP)
- ☐ Adenoids
- ☐ Soft Tissue of Neck
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mastoids ☐ R ☐ L
- ☐ T.M. Joints ☐ R ☐ L
- ☐ Orbits ☐ R ☐ L

PREGNANCY RELEASE FORM
I declare to the best of my knowledge that I'm NOT presently pregnant.

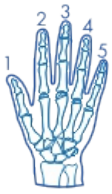
SIGNATURE

CHEST
- ☐ Chest
- ☐ Ribs ☐ R ☐ L & Chest PA
- ☐ Sternum
- ☐ S.C. Joints

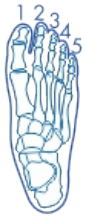
SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Scoliosis Series
- ☐ Bone Age
- ☐ Metabolic Series

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Dorsal Spine
- ☐ Lumbo-Sacral Spine
- ☐ S.I. Joints
- ☐ Sacrum & Coccyx
- ☐ AP Pelvis ☐ R ☐ L
- ☐ Pelvis & Hip ☐ R ☐ L
- ☐ Others _____

UPPER EXTREMITIES
R L
- ☐☐ Shoulder
- ☐☐ Clavicle
- ☐☐ A.C. Joints
- ☐☐ Scapula
- ☐☐ Humerus
- ☐☐ Elbow
- ☐☐ Forearm
- ☐☐ Wrist
- ☐☐ Scaphold
- ☐☐ Hand
- ☐☐ Digits T 2 3 4 5 ☐☐☐☐☐



LOWER EXTREMITIES
R L
- ☐☐ Hip
- ☐☐ Femur
- ☐☐ Knee
- ☐☐ Tib & Fib
- ☐☐ Ankle
- ☐☐ Foot
- ☐☐ Os. Calcis
- ☐☐ Toes 1 2 3 4 5 ☐☐☐☐☐



GENERAL ULTRASOUND

Call For Appointment or Walk-Ins

- ☐ Abdomen - Complete ☐ Abdomen & Pelvis
- ☐ Limited Abdomen - Specify (Liver, Gallbladder, CBD, Kidneys, Spleen, Pancreas, IVC, Aorta)

Female Pelvis
- ☐ Transabdominal
- ☐ Transvaginal
- ☐ Follicular Monitoring (Fertility)
- ☐ Other: _____

Small Parts
- ☐ Thyroid
- ☐ Neck
- ☐ Breasts ☐ R ☐ L ☐ B
- ☐ Axillary ☐ R ☐ L ☐ B
- ☐ Soft Tissue Area: _____

Male Pelvis
- ☐ Transabdominal (includes Bladder, Prostate, & Seminal Vesicles)
- ☐ Transrectal (Prostate)

- ☐ KUB + Uro Flow
- ☐ Testes / Scrotum
- ☐ Inguinal Canal / Hernia ☐ R ☐ L ☐ Both
- ☐ Other: _____

OBSTETRICAL
- ☐ Early OBS / Dating (<16 wks)
- ☐ IPS / NT / eFTS (11 wks 2days-13 wks, 6days)
- ☐ Anatomical Scan (>18 wks)
- ☐ Dual Scan Series - NT - Anatomical
- ☐ Biophysical Profile (BPP) (>30wks)
- ☐ High Risk Pregnancy ☐ Twins Pregnancy

MUSCULOSKELETAL
R L
- ☐☐ Thoracic Region
- ☐☐ Lumbar/Sacral Rgns.
- ☐☐ Shoulder
- ☐☐ Periscap Region
- ☐☐ Forearm
- ☐☐ Elbow
- ☐☐ Wrist
- ☐☐ Hand
- ☐ Finger

L 1 2 3 4 5 ☐ ☐☐☐☐☐
R 1 2 3 4 5 ☐ ☐☐☐☐☐

- ☐ Other Area _____

R L
- ☐☐ Hip
- ☐☐ Gluteal Region
- ☐☐ Thigh
- ☐☐ Hamstring
- ☐☐ Knee
- ☐☐ Ankle
- ☐☐ Feet
- ☐☐ Achilles Tendon
- ☐☐ Plantar Fascia
- ☐ Toe

L 1 2 3 4 5 ☐ ☐☐☐☐☐
R 1 2 3 4 5 ☐ ☐☐☐☐☐

CARDIOVASCULAR EXAMINATIONS *By Appointment Only*

CARDIAC SERVICES
- ☐ Echocardiogram
- ☐ Holter Monitoring: ☐ 48 Hrs ☐ 72 Hrs ☐ 7 days ☐ 14 days
- ☐ ECG
- ☐ **CARDIAC CONSULTATION**
- ☐ Ambulatory BP Monitor
  Not Covered by OHIP $100 Fee, Cash only
- ☐ Exercise ECG Test (Treadmill Stress / GXT)
- ☐ Stress Echocardiogram
- ☐ Cardiology Consult In Case Of Abnormality

VASCULAR ULTASOUND
- ☐ CAROTID ARTERY
  - ☐ TEMPORAL ARTERY ☐ R ☐ L ☐ Both

UPPER EXTREMITIES
- ☐ ARTERIAL ☐ R ☐ L ☐ Both
- ☐ VENOUS ☐ R ☐ L ☐ Both

LOWER EXTREMITIES
- ☐ ARTERIAL (INCL: ABD. AORTA) AND ABI (ANKLE BRACHIAL INDEX)
- ☐ VENOUS DOPPLER (INCL: IVC)
- ☐ VENOUS INSUFFICIENCY ☐ R ☐ L ☐ Both
- ☐ Renal Doppler ☐ AAA

FEMALE TECHNICIANS AVAILABLE

PLEASE BRING HEALTH CARD & THIS REQUEST FORM AND ARRIVE 10 MINUTES BEFORE APPOINTMENT TIME TO REGISTER

CLINICAL INFORMATION REQUIRED:

MD: _____ _____
Please Print Name Signature

Billing# _____ CC: _____
Please Print Name & Provide Fax No.

DR'S OFFICE STAMP

- ☐ REQUEST FOR STAT CASE / URGENT
- ☐ CD / PORTAL ACCESS

Tel: _____

Fax: _____

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FREE PARKING

ULTRASOUND PREPARATION

☐ **ABDOMEN:**
Nothing to eat or drink for 6 hours prior to your appointment (except water to swallow necessary medications). NOTE: For afternoon appointments, have a light breakfast (NO DAIRY PRODUCTS, ie. No butter, eggs, cheese, milk)

腹部
預約前 6 小時內不得進食或飲水（吞服必要藥物的水除外）。
下午預約，吃清淡的早餐（不含乳製品，即不含黃油、雞蛋、奶酪、牛奶）

☐ **ABDOMEN AND PELVIS:**
Nothing to eat for 6 hours prior to your appointment and you must finish drinking 3-4 cups (1 liter) of water 1 hour BEFORE your appointment. **DO NOT VOID**. NOTE: For afternoon appointments, have a light breakfast (NO DAIRY PRODUCTS, ie. No butter, eggs, cheese, milk)

腹部和骨盆
預約前 6 小時不吃東西，您必須在預約前 1 小時喝完 3 - 4 杯（1 升）水。不要小便。

下午預約，吃清淡的早餐（不含乳製品，即不含黃油、雞蛋、奶酪、牛奶）

☐ **PELVIC , OBSTETRICAL, DAY 2-4 FOLLICULAR MONITORING:**
A full bladder is necessary for testing. Finish drinking 3-4 cups (1 liter) of water 1 hour before your appointment. **DO NOT VOID**.

骨盆，產科
在預約前 1 小時喝完 3-4 杯（1 升）水。不要小便

☐ **MALE PELVIC , UROFLOW STUDY:**
Patient to arrive with a full bladder. Finish drinking 3-4 cups (1 liter) of water 1 hour before your appointment. **DO NOT VOID**.

男性盆腔，尿流研究
患者到達時膀胱已滿。在預約前 1 小時喝完 3-4 杯（1 升）水。不要小便

☐ **NO PREPARATION REQUIRED:**
Echocardiogram, Vascular, Thyroid, Scrotum , Soft Tissue Lump, MSK, Breasts, Follicular monitoring - Other than day 2-4

無需準備
甲狀腺、陰囊、軟組織腫塊、msk、乳房

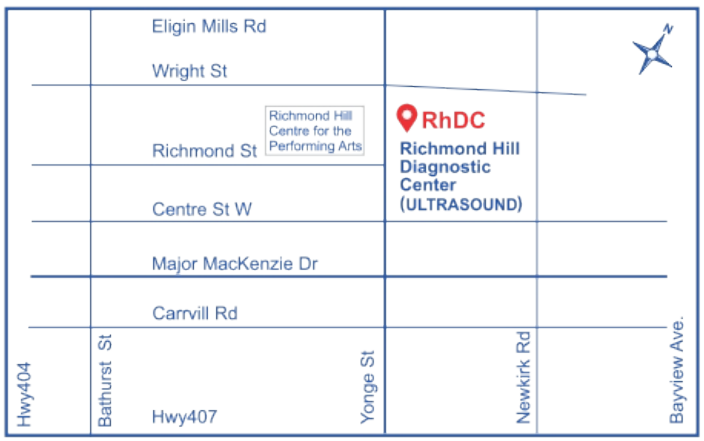
☐ **DIABETICS:**
In addition to the instructions stated above, if on insulin or oral medication, have a light breakfast (no butter, eggs, cheese or milk) and take your usual dose.

糖尿病患者
除了上述說明外，如果使用胰島素或口服藥物，早餐吃清淡（不含黃油、雞蛋、奶酪或牛奶）並服用**您通常的劑量，**

شکم:
۶ساعت قبل از سونوگرافی چیزی نخورید و ننوشید
(به جز آب برای مصرف داروهای ضروری)
توجه: برای قرارهای بعد از ظهر صبحانه سبک میل کنید. (یعنی بدون کره، پنیر، شیر، تخم مرغ)

請提前 24 小時通知取消 905-884-0904

لطفاً برای لغو 24 ساعت اخطار دهید 905-884-0904



NOTE: This requisition form can taken to any licensed facility providing healthcare services including hospital and IHF's, such as those listed on the IHF program.
Website: http://www.health.gov.on.ca/on/public/programs/ihs/facilities.aspx

PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance